

INSTRUCTIONS:

- Dept. of Family Services/Office for Children
Division of Community Education and Provider Services
12011 Government Ctr. Parkway, 8th Floor
Fairfax VA 22035-1102

5. Search results disseminated beyond the requesting agency/individual named below **should not be considered official.**

PART I: TO BE COMPLETED BY REQUESTING AGENCY/INDIVIDUAL

Name of Requesting Agency or Individual: Department of Family Services, Office for Children

Agency Code: 3018

Address:	12011 Government Ctr. Parkway, 8th Floor	Fairfax	VA	22035-1102
	Street	City	State	Zip

Attention: Maria Elena Martinez Telephone # () _____

Purpose of Search: Foster Parent _____ Adoptive Parent _____ Day Care Center _____ Family Day Care X _____
 School Personnel _____ Institutional Employee _____ Other Employment _____ (Explain: _____)
 Custody Evaluation _____ CASA _____ Volunteer _____ Other: _____ (Explain: _____)

PART II: APPLICANT INFORMATION

NAME: _____

LAST	FIRST	MIDDLE	MAIDEN
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SEX	RACE	BIRTHDATE	LAST NAMES FROM PREVIOUS MARRIAGES	SOCIAL SECURITY #
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All Other Names by which individual has been known: _____

Address: _____

Street	City	State	Zip
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If less than one year at above address, indicate prior address: _____

Current Spouse: _____

LAST	FIRST	MIDDLE	MAIDEN	RACE,	SEX,	BIRTHDATE
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Previous Spouse: _____
 LAST FIRST MIDDLE MAIDEN RACE, SEX, BIRTHDATE

Full Name(s) of Child(ren):

Last	First	Middle	Sex	Race	Birthdate	Last	First	Middle	Sex	Race	Birthdate
Last	First	Middle	Sex	Race	Birthdate	Last	First	Middle	Sex	Race	Birthdate

OVER

PART III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.1-382 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of Founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature

CERTIFICATE OF ACKNOWLEDGMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____

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CENTRAL REGISTRY FINDINGS

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. This form should be returned with the following questions answered:

Worker: _____ Date: _____

2. Based on information provided by local departments of social services, we have determined that _____

_____ is listed in the Central Registry of Founded Child Abuse/Neglect Investigations with a Founded disposition

of child abuse/neglect. For more detailed information, contact the _____

Department of Social Services at _____

_____	Street	_____	City	_____	State	_____	Zip
_____ in reference to Child Protective Services Case/File# _____							
Telephone _____							

3. _____ As of this date, the individual whose name was being searched is NOT identified in the Central Registry of Founded Child Abuse/Neglect Investigations as an involved caretaker with a Founded disposition of child abuse/neglect.

Signature of worker completing search: _____ Date: _____